c 6964	(MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
(THIS NUMBER IS TO BE IN COLS. 3-6 ON ALL CAR		FILL IN THIS FORM COMPLETELY PLEASE TYPE	NUMBER A 52 5 658
ST/CO USE ONLY DATE Received	DATE WELL COMPI	LETED Depth of Well	FROM "PERMIT TO DRILL WELL"
MM DD YY	5 4 20	20 (TO NEAREST FOOT)	NH (WP) 40 - 95 - 1/00
OWNER KL	cholt	William	01 0 20 20 30 37 32 33 34 30 30 3
STREET OR RED	Shar	you Rd . fret name TOWN G	lenwood md
SUBDIVISION/LE	ulholts P	inperty SECTION Parcel 143	LOT
-	L LOG for driven wells	WELL HAS BEEN GROUTED (Circle Appropriate Box)	<u>C 3</u>
	ATIONS PENETRATED, THEIR SS AND IF WATER BEARING	(Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST 3
DESCRIPTION (Line additional sheets if needed)	FEET check	CEMENT CIM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
additional sheets if needed)	FROM TO bearing	NO. OF BAGS 48 NO. OF POUNDS 2184	PUMPING RATE (gal. per min.)
100	770	GALLONS OF WATER 138	MÉTNOD USED TO BULLET
	0 77-	from 48 TOP 52 ft. to 54 TOM 58 ft.	
Gray Mica	27 260 2	48 TOP 52 54 TOM 58 (enter 0 if from surface)	WATER LEVEL (distance from land surface)
Rode		casing CASING RECORD () types	BEFORE PUMPING 17 20 ft.
40-		insert appropriate STEEL CONCRETE	WHEN PUMPING 72 ft.
and the same		code pelow PL OT	TYPE-OF PUMP USED (for test)
15		PLASTIC OTHER MAIN Nominal diameter Total depth	A air P piston T turbine
10 4 N 76		MAIN Nominal diameter Total depth CASING top (main) casing of main casing F TYPE (nearest inch)! (nearest foot),	27 27 other
60	13./	57 6 80/	C centrifugal rotary (describe
8 26		61 63 64 66 70	J jet S submersible
4 10		E OTHER CASING (if used) A diameter depth (feet)	27 27
U.		inch from to	PUMP INSTALLED
2.8		\$ I	DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)
10 M.		<u> </u>	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
10 C		screen type SCREEN RECORD	TYPE OF PUMP INSTALLED
1723		or open hole ST BR HO */ insert STEEL BRASS OPEN	IN BOX 29.
AND .		appropriate BRONZE HOLE	CAPACITY: GAMENS PER MINUTE
D. C.		below PLSTIC OTHER	(to hearest gallon) 31 35
alexander of the second		C 2 DEPTH (nearest ft.)	PUMP HORSE POWER 37 41
NUMBER OF UNSUCCESS	SFUL WELLS:	124 70 -210	PUMP COLUMN LENGTH (nearest ft.)
WELL HYDROFRACTURED	Yes Y	E 8 9 91 15 17 21	CASING HEIGHT (circle appropriate box and enter casing height)
CIRCLE APPRO	PRIATE LETTER	C ₂	+ above LAND SURFACE
1 10 2 2 1	NED AND SEALED	23 24 26 30 32 36 S	helow (nearest)
E CECTRIC ECONOBIA	NED	R , 38 39 , 41 45 47 51	49 t foot)
P TEST WELL CONVERT		E SLOT SIZE 1 2 3	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS
ACCORDANCE WITH COMAR 26.0 IN CONFORMANCE WITH ALL CO	VELL HAS BEEN CONSTRUCTED IN M4.04 "WELL CONSTRUCTION" AND DINDITIONS STATED IN THE ABOVE	DIAMETER (NEAREST OF SCREEN INCH)	BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS
CAPTIONED PERMIT, AND THAT	THE INFORMATION PRESENTED OMPLETE TO THE BEST OF MY	56 60 from to	THAN TWO DISTANCES (MEASUREMENTS TO WELL)
DAILLERS LIC, NO.	MS 0024		MILITORIEMENTO TO WELL)
Jane 1	f mayne	GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL	8 8
MUST MATCH SIGNATURE		INSERT F IN BOX 68 69 MDE USE ONLY	م و در ا
LIC. NO.	D	(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	6 3
		(2,110.0.)	la ⊕
SITE SUPERVISOR (sign.	of driller or journey	70 72 74 75 76	IVY
responsible for sitework if	dinerent from permittee)	CASING INDICATOR OTHER DATA	
DENV-CR00		COUNTY	12 50

B 1 9809 SEQUENCE NO. (MDE USE ONLY)		MARYLAND	STATE PERMIT NUMBER
1 2 3 6		ERMIT TO DRILL WELL se type	70 79
Data Paralised (ADA)	526664 pleas		LOCATION OF WELL
Date Received (APA) 8 MM DD YY 13 OWNER INFO	William	B 3 8 COUNTY Keilha	eta P. Salem
36 Sharp RL Street or RFD Allenwood Md	First Name 34	SECTION 44 4 46	LOT 1801-19 42
DRILLER INFORMATION	72 Zip 76	52 NEAREST TOWN MILES FROM TOWN (ente	71 er 0 if in town) M 1 73 76 77 78
Dring Name h . Mayne &	License No. 81	B 4 1 2 DIRECTION OF WELL FROM	Shar Rd
S512 Ridge Rh M	Giry 31/2 1771	TOWN (CIRCLE BOX)	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
Signature B 2 WELL INFORMATION APPROX. PUMPING RATE -	4/21/07 5	8-9 W TOWN E	34 6 37 SOUTH DIST NCE FROM ROAD F
(GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14	8 12 500 20	S _W S _E 8-9	ENTER FT OR MI 38 39 TAX MAP: 26 BLK: 5 PARCEL 145
USE FOR WATER (CIRCLE AF	PPROPRIATE BOX)		D BE FILLED IN BY DRILLER H DEPARTMENT PPROVAL
DOMESTIC POTABLE SUPPLY & RESIDE IRRIGATION FARMING (LIVESTOCK WATERING & AGE		COUNTY NAME	452(658) COUNTY NO.
1RRIGATION 22 I INDUSTRIAL, COMMERICIAL, DEWATERI	NG	STATE SIGNATURE	INSERT S A1
P PUBLIC WATER SUPPLY WELL		DATE ISSUED (11/050 4/24/08
T TEST, OBSERVATION, MONITORING G GEO-THERMAL		NORTH Sal 3 0	0 0 SIGNATURE 0 0 0 0 0 55 63
APPROXIMATE DEPTH OF WELL	28	SHOW MAJOR FEATURES BOX & LOCATE WELL '_ WITH AN X SOURCES OF DRILLING N	
APPROXIMATE DIAMETER OF WELL	NEAREST INCH	1. Jule	2
METHOD OF DRILLING BORED (or Aligered) JETTED AIR-PERcussion	Jetted & <u>DRIVEN</u> ROTARY (Hydraulic Rotary)	2. 3. WRITE THE BOX NUMBER	R
other REVerse-ROTary	DRive-POINT	FROM THE MAP HERE	
REPLACEMENT OR DEEPI (CIRCLE APPROPRIATION THIS WELL WILL NOT REPLACE AN EXIST	E BOX)	N 52%	3 - 000
THIS WELL WILL REPLACE A WELL THAT ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT	WILL BE USED	RELATION TO NEARBY T	V SHOWING LOCATION OF WELL IN COWNS AND ROADS AND GIVE TO NEAREST ROAD JUNCTION
AS A STANDBY-CONTACT LOCAL APPROVED FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEN AN EXISTING WELLS		Glenwo	1 5
PERMIT NUMBER OF WELL TO BE REPLACED O	52	N	W mirah de
Not to be filled in by driller (MDE OR C	COUNTY USE ONLY)		+/ 5
PERMIT NO. PERMIT NO. PERMIT No. 70 71	-95-1100 72 73 74 75 76 77 78 79		* See
SPECIAL CONDITIONS NOTE APPROVING PORTOR SHOULD USE SEMANTE SHEET IF MEDIED A			\$ € S
DENV-Permit 97	② COL	MY-	

Page.		of	
Date	5-4	- ;	2007

Revie	W	

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95 - 100 Location of property (road) Sharp Rd			
Subdivision Keilholt Property	Lot Parcel 145 Block	Plat	Sec.
Well Driller Joseph Margne	Owner William	Kelholts	
Depth of well 260'.			
Distance of measuring point (M.P.) abo	ve ground /		
Static water level (S.W.L.) below M.P.	24' -		
		,	

I. High rate pumping -- reservoir drawdown

Time pump started 7:15

Pumping rate 20 gfm

Total time 15 min to reach pumping water level 72 ft! below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute in- tervals	WATER LEVEL below M.P.	PUMPING RATE time to fill & gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:30 "	72'	3 su	N/A	Jogen
7:45	70	4		15
8:00	70	4		15
8:15	70	4		. 15
8:30	20	4		15
8:45	70	4		15
9:00	70	4		15.
9: 15	70	4		15
9:30	70	4		15 .
9:45	70	4		15 .
10:00	70	4		15.
10:15	. 70 .	. 4		15.
10:30	701	4		15.
			\$	
•				

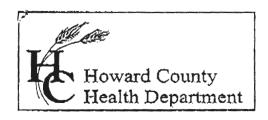
HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH WATER AND SEWERAGE PROGRAM TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump. Pitiess Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Piumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval. 1814 Telephone # Company Name: Address: / (Must circle only Licensed Plumber Licensed Well Pump Installer Licensed Well Driller Licenset "A liceased individual most perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Telephone #: Name of Property Owner: William Subdivision: Well Tag #: HO - 75 - 1100 Site Address: alendood Submersible Pump Data Pitiess Adapter Make: HARVARD Well Cap and Electric Conduit 18/11/27 Make: Two piece watertight cap: Model # Model#: Screened, vented well cap: Pump Capaciny Depth: 4X **GPM** (36" min) Can secured to casing: -Well Yield: OPM NSF approved: Conduit min 18" B.G.: Depth of well encountered at time of pump installation; MaD (feet) Conduit secured to well cap: If pump capacity expects well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4 Torque arrestors or Cable guards are required - Must circle one Safety rope, if used, attached to inside of well casing with eye bolt Pioing to house House Connection Type: (PF5) LIVE PSI: [II (160 psi min) PVC sleeved to undisturbed soil, at wall penetration: Approximate length of sleeve: 10 Depth of supply line: V (36" min) Sleeve caulked and scaled properly: The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sawage reserve area. If this cannot be accomplished, contact this office for approval prior to installation. Signature of company representative responsible for installation For Health Department Use Only - Not to be completed by Installer Date Insp. Requested Date Insp. Approved: 10/15/07 Inspection Data: Pitless adapter and water supply line at least 36" below grade Two piece cap installed and attached to casing securely Elect conduit extends at least 18" below grade/attached to cap properly Safety rope installed inside of well casing Correct well tag attached properly and casing \$" above finished grade Water supply line sleeved adequately at house connection Adequate grout observed below pitless adapter

Statio

HD-215(Rev. 8/00)



7178 Columbia Gateway Drive, Columbia, MD 21046 (410) 313-2640 Fax (410) 313-2648 TDD (410) 313-2323 Toll Free 1-866-313-6300 website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

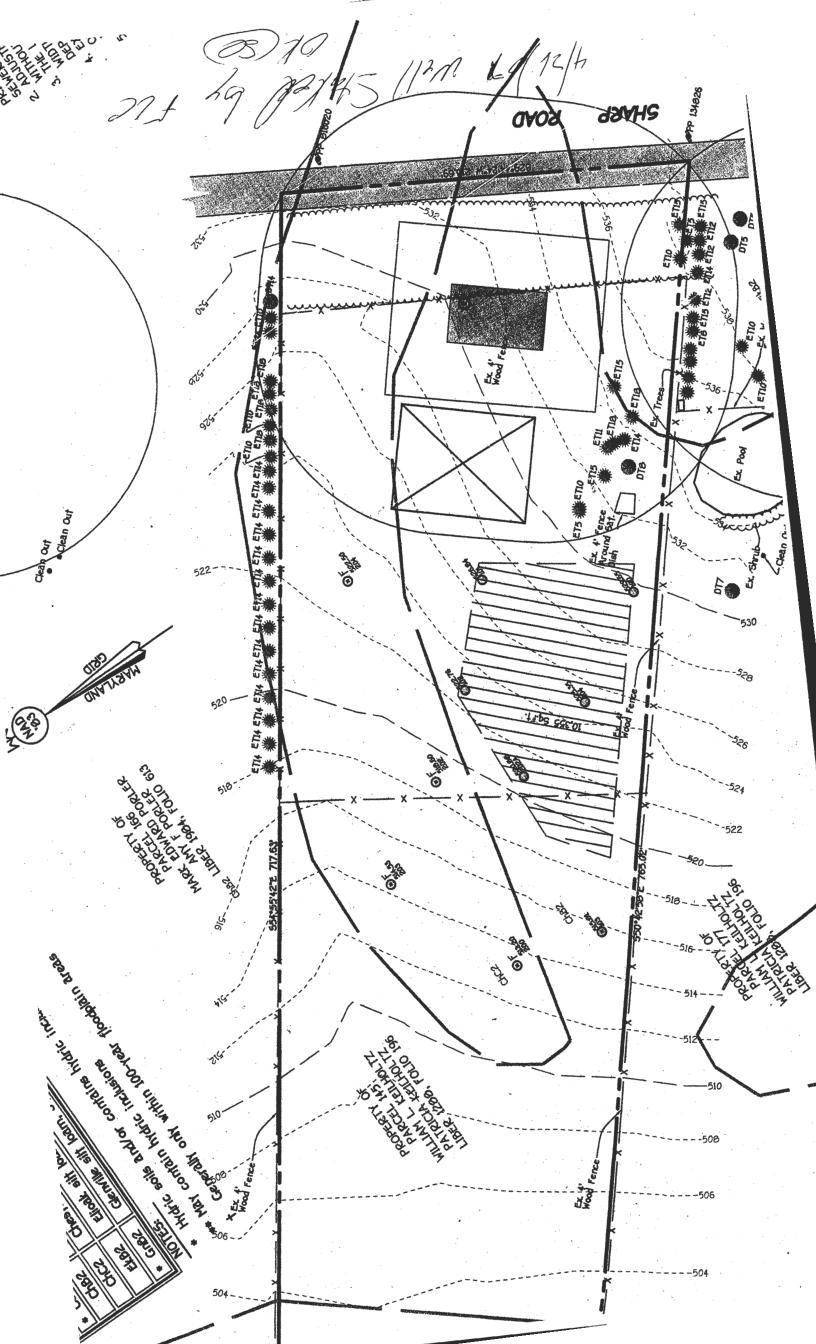
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location: Keilholts property Subdivision/Property Name	Lot#	Aharp Road Name	Rd	
The well site has been so (professional land surveyor or on 4-13-2007	staked b r company (date)	employing profe and does not	Collino y Carta Sessional land surveyors) require a site inspection	on.

The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05



CERTIFICATE OF ANALYSIS



Trace Laboratories, Inc. Maryland

5 North Park Drive Hunt Valley, MD 21030 Telephone: 410/252-7742 Telephone: 410/584-9099 Fax: 410/584-9117 Email: tracelab@connext.net www.tracelabs.com

Maryland State Certified Water Quality Laboratory No. 318





Requester:

Crosen Homes

Attn: Don

3785 Shady Lane

4105849117

Glenwood, Maryland 21738

Property Sampled:

3642 Sharp Road, 21738

County:

Howard

Subdivision:

N/A N/A Tax Map #: Parcel #:

S/O Number: 67465

Report Date: March 7, 2008

N/A N/A

Lot #: Building Permit #:

B007002552

Date/Time Collected: Date/Time Received:

March 6, 2008 at 10:50 am March 6, 2008 at 2:05 pm

Sample Location:

Bathroom Tap

Sampler ID:

0095JF

Samples Iced:

Yes

Residual Cl₂ <0.1 mg/L:Yes

Well Tag Number:

HO-95-1100

Well Condition:

2-Piece Cap Satisfactory

Water Conditioning/Treatment:

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	1.5 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
рH	6.2 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

None

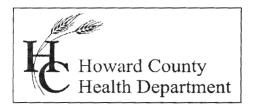
Állison R. Milburn

Manager-Drinking Water Testing

MCL=Maximum Contamination Level

*SMCL=Secondary Maximum Contamination Level

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



Bureau of Environmental Health

7178 Gateway Drive (410) 313-2640 TDD (410) 313-2323 Columbia, MD 21046 Fax (410) 313-2648 Toll Free 1-866-313-6300

weheiter www hehealth ara

Peter L. Beilenson, M.D., M.P.H., Health Officer

April 3, 2008

Mr. & Mrs. William Keilholtz 3646 Sharp Road Glenwood, MD 21738

SENT VIA FACSIMILE 410-489-5242

RE: 3642 Sharp Road Glenwood, MD 21738 BP #: B07002552

Well Permit # HO-95-1100

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. Final approval of the septic system was granted on 10/16/2007. Final approval of the well line connection to the dwelling was approved on 10/15/2007.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO- 95-1100. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. Please contact (410) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.

Date of Water Sample(s):

03/06/2008

Date of Well Completion:

05/04/2007

Malle

Approving Authorit

Stuart Oster, Sanitarian Well & Septic Program

cc:

Building Inspector's Office Community Health Services

File